

2005 HSRS AODA MODULE DESKCARD

MODULE TYPE 6

CLIENT CHARACTERISTICS (Field 8)

- 19 Developmental disability - brain trauma
- 23 Developmental disability - cerebral palsy
- 25 Developmental disability - autism
- 26 Developmental disability - mental retardation
- 27 Developmental disability - epilepsy
- 28 Developmental disability - other or unknown
- 29 Family member of developmental disability client
- 86 Severe emotional disturbance - child / adolescent
- 02 Mental illness (excluding SPMI)
- 03 Serious and persistent mental illness (SPMI)
- 14 Family member of mental health client
- 04 Alcohol client
- 05 Drug client
- 10 Chronic alcohol or other drug client (includes SSI)
- 12 Alcohol and other drug client
- 16 Family member of alcohol and other drug client
- 17 Intoxicated driver
- 39 Gambling client
- 07 Blind / visually impaired
- 08 Hard of hearing
- 32 Blind / deaf
- 79 Deaf
- 09 Physical disability / mobility impaired
- 36 Other handicap
- 59 Unmarried parent
- 71 Victim of domestic abuse
- 50 Regular caregiver of dependent person
- 55 Frail elderly
- 57 Abused / neglected elder
- 18 Alzheimer's disease / related dementia
- 43 Migrant
- 44 Refugee
- 45 Cuban / Haitian entrant
- 33 Corrections / criminal justice client (adult only)
- 80 Homeless
- 99 None of the above (codependent client only)

SPECIAL CHILDREN'S SERVICES CATEGORIES

- 61 CHIPS - abuse and neglect
- 62 CHIPS - abuse
- 63 CHIPS - neglect
- 64 Family member of abused / neglected child
- 69 JIPS - status offender
- 70 Family member of status offender
- 68 CHIPS - other
- 74 Family member of CHIPS - other
- 66 Delinquent
- 73 Family member of delinquent

REFERRAL SOURCE (Field 12)

- 01 Self
- 02 Family, friend, or guardian
- 03 AODA program (includes AA, Al-Anon)
- 04 Hospital, clinic, physician, health agency
- 05 School, college
- 06 IDP-court
- 07 IDP-Division of Motor Vehicle (DMV)
- 08 Probation and parole
- 09 Other court, criminal or juvenile justice or law enforcement
- 10 Employer, Employee Assistance Program (EAP)
- 11 County social services
- 13 IV drug outreach worker
- 14 Other social services agencies or community referral

EDUCATION AT TIME OF ADMISSION (Field 13)

Enter the two digit number of years.

- 01-11 Highest grade completed
- 12 High school diploma or GED
- 14 Some college or vocational / technical school; assoc. degree or voc. tech. degree
- 16 Bachelors degree
- 18 Advanced degree (Master's, Ph.D.)

FAMILY RELATIONSHIP (Field 14)

Marital / family / interpersonal relationships / support system

- 1 Very frequent, positive contact
- 2 Frequent or more often, usually positive, contact
- 3 Occasional or more often, sometimes positive, sometimes negative contact
- 4 Contact is usually negative
- 5 Little or no contact

BRIEF SERVICES (Field 15)

If an episode will only involve any of the following services, brief service may be coded Yes.

- 301 Court intake studies
- 501 Crisis intervention
- 507 / 50 Outpatient, emergency regular
- 601 Outreach
- 602 Information and referral
- 603 Intake assessment

EMPLOYMENT STATUS (Field 16)

- 1 Employed full-time - 35 or more hours a week. Includes those working both full and part-time jobs
- 2 Employed part-time - less than 35 hours a week
- 3 Unemployed - looking for work in the past 30 days; includes registering for unemployment and on layoff from job
- 4 Unemployed - not looking for work in the past 30 days
- 5 Not in the labor force - other (homemaker, student, disabled, retired, institution inmate, incarcerated, others)

SUBSTANCE PROBLEM (Field 23a - 23c)

SUBSTANCE PROBLEM AT DISCHARGE (Field 24)

- 01 None
- 02 Alcohol
- 03 Cocaine / crack
- 04 Marijuana / hashish / cannabis / THC
- 05 Heroin
- 06 Nonprescription methadone
- 07 Dilaudid / hydromorphone
- 08 Other opiates and synthetics (codeine, morphine, oxycodone, demerol, opium, fentanyl, oxymorphone, etc.)
- 09 PCP (phencyclidine)
- 10 LSD
- 11 Other hallucinogens (MDA, MDMA-ecstasy, peyote, mescaline, psilocybin, psilocin, STP, ketamine)
- 12 Methamphetamine / ice; methcathinone / cat
- 13 Other amphetamines (benedrine, speed, dexedrine, methedrine, ritalin, preludin, and any other amines and related drugs)
- 14 Other stimulants (phentermine, benzphetamine, mazindol, phendimetrazine, pemoline, chlortermine, etc.)
- 15 Benzodiazepines (diazepam, flurazepam, chlordiazepoxide, clorazepate, lorazepam, alprazolam, oxazepam, temazepam, triazolam, clonazepam, halazepam, Rohypnol, etc.)
- 16 Other tranquilizers (Meprobamate, Equanil, Miltown)
- 17 Barbiturates (phenobarbital, Seconal, Nembutal, amobarbital, etc.)
- 18 Other nonbarbiturate sedatives or hypnotics (methaqualone, Quaalude, glutethimide, chloral hydrate, ethchlorvynol, Placidyl, GHB, etc.)
- 19 Inhalants (ether, glue, aerosols, solvents, gases, chloroform, nitrous oxide)
- 20 Over-the-counter diet, alert, sleep aids, cough syrup
- 21 Other

USUAL ROUTE OF ADMINISTRATION**(Field 25a - 25c)**

- 1 Oral (by mouth swallowing)
- 2 Smoking (inhale by burning / heating substance)
- 3 Inhalation (inhale or snort through the nose or mouth without burning the substance)
- 4 Injection (IV or intramuscular or skin popping)
- 5 Other

USE FREQUENCY (Field 26a - 26c)

- 1 No use in the past month
- 2 1-3 days in the past month (less often than once a week)
- 3 1-2 days per week
- 4 3-6 days per week
- 5 Daily

STANDARD PROGRAM CATEGORY /**SUBPROGRAM (Field 28)**

Note: Any other appropriate SPCs from CORE associated with alcohol and other drug abuse services should be reported even though not listed here.

SPC/SUB CODE	STANDARD PROGRAM CATEGORY NAME	UNITS TO BE REPORTED
Detox		
703 10	Medically managed inpatient detox	(75.06) Days
20	Medically monitored residential detox	(75.07) Days
50	Ambulatory detoxification	(75.08) Hours
705 10	Residential intoxicification monitoring	(75.09) Days
Residential		
503 50	Medically managed inpatient	(75.10) Days
60	Medically monitored hospital treatment	(124, 75.11) Days
70	Medically monitored CBRF treatment	(83, 75.11) Days
504	Residential care center	Days
506 10	Transitional residential-hospital setting	(124, 75.14) Days
20	Transitional residential	(83, 75.14) Days
203	Foster home	Days
204	Group home	Days
Ambulatory		
507 00	Outpatient, regular	(75.13) Hours
05	Outpatient, intensive	(75.13) Hours
65	Medication management	Hours
70	Methadone or narcotic detox	Hours
75	Methadone maintenance or narcotic treatment	(75.15) Hours
603	Intake assessment	Hours
509	Community support	Hours
704 10	Day treatment	(75.12) Hours
112 55	Specialized medical supplies	Items

Note: The following optional subprograms may be used in place of 00 and 05 if the agency wants the additional detail.

507 10	Outpatient, individual regular	(75.13) Hours
15	Outpatient, individual intensive	(75.13) Hours
20	Outpatient, family regular	(75.13) Hours
25	Outpatient, family intensive	(75.13) Hours
30	Outpatient, group regular	(75.13) Hours
35	Outpatient, group intensive	(75.13) Hours
40	Outpatient, in-home regular	(75.13) Hours
45	Outpatient, in-home intensive	(75.13) Hours
50	Emergency outpatient	(75.05) Hours

SPC END REASON (Field 35)

Not required for SPCs 703, 705, 603 and other brief services.

- 01 Completed service - major improvement
- 02 Completed service - moderate improvement
- 03 Completed service - no positive change
- 04 Referred - to another nonalcohol / drug agency, program or service
- 05 Behavioral termination - staff / program decision to terminate due to rule violation
- 06 Withdrew - against staff advice
- 07 Funding / authorization expired
- 08 Incarcerated
- 09 Death
- 14 Referral to another AODA agency or program
- 15 Transfer to another AODA service within an agency or program

CLOSING STATUS (Field 36)

Required when SPC End Reason is coded 01-03. Not required for SPCs 703, 705, 603 and other brief services.

A = AODA = Frequency of alcohol / drug use during two weeks prior to discharge.

- 1 No use (abstinent)
- 2 1-3 days / month (less often than once a week)
- 3 1-2 days / week
- 4 3-6 days / week
- 5 Daily

F = FAMILY = Marital / family / interpersonal relationships or support system

- 1 Very frequent positive contact
- 2 Frequent, usually positive contact
- 3 Occasional, sometimes positive, sometimes negative contact
- 4 Contact is usually negative
- 5 Little or no contact

E = EMPLOYMENT STATUS

- 1 Employed full-time
- 2 Employed part-time
- 3 Unemployed, but looking for work
- 4 Unemployed, not looking for work
- 5 Not in the labor force (homemaker, student, enrolled in skill development program, disabled, retired, incarcerated or institutionalized)

TARGET GROUP (Field 37) (Optional)

- 04 Alcohol abuse
- 05 Drug abuse
- 17 Intoxicated driver
- 18 Alcohol and other drug abuse
- 74 Family member / other of AODA client

SOS DESK (608) 266-9198

9:00 - 11:30 A.M. and 12:30 - 2:30 P.M.

or leave a voice mail message.

E-mail Address: soshelp@dhfs.state.wi.us

FAX (608) 267-2437

HSRS Handbook and Terminal Operator's Guide:

<http://www.dhfs.wisconsin.gov/HSRS/index.htm>

WI Department of Health and Family Services

Division of Disability and Elder Services

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